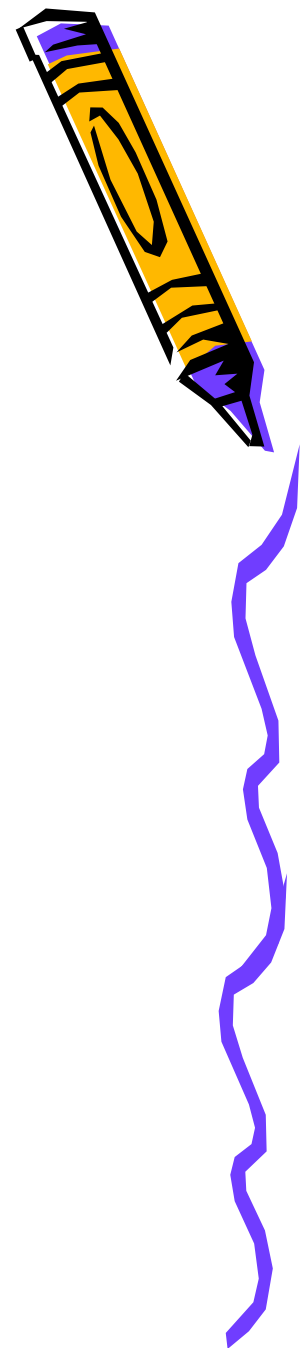


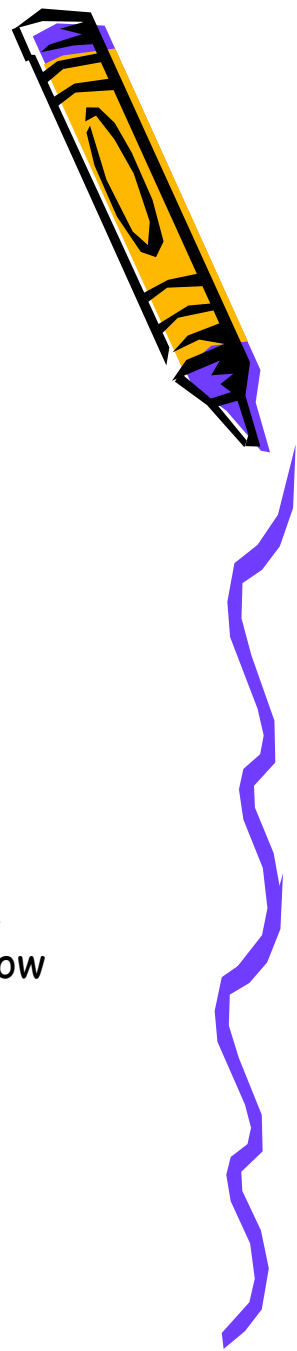


HMK/CHIP DENTAL
PLAN



HMK Eligibility

- Children up to age 19
- Family income meets income guidelines based on family size
 - Family size of 2: \$36,425
 - Family size of 4: \$55,125
 - Family size of 6: \$73,825
- Children may be eligible for HMK even if income is more than the amounts listed. Income deductions exist and take into account how many family members work and if child care expenses are paid.



HMK/CHIP Eligibility



- Montana resident & U.S. citizen or qualified alien
- Uninsured for three months
- Not eligible for Medicaid



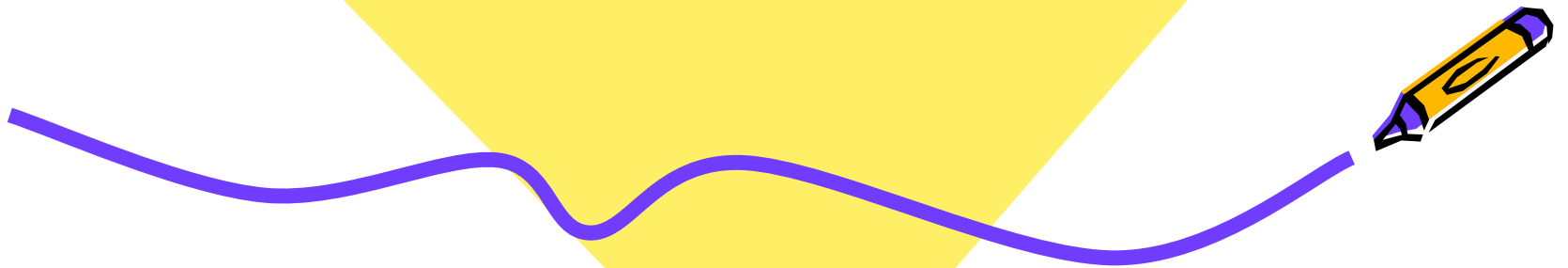
HMK Benefits

- Medical
- Prescription
- Dental
- Extended Dental Plan (EDP)
- Eyeglasses
- Extended Mental Health (SED)

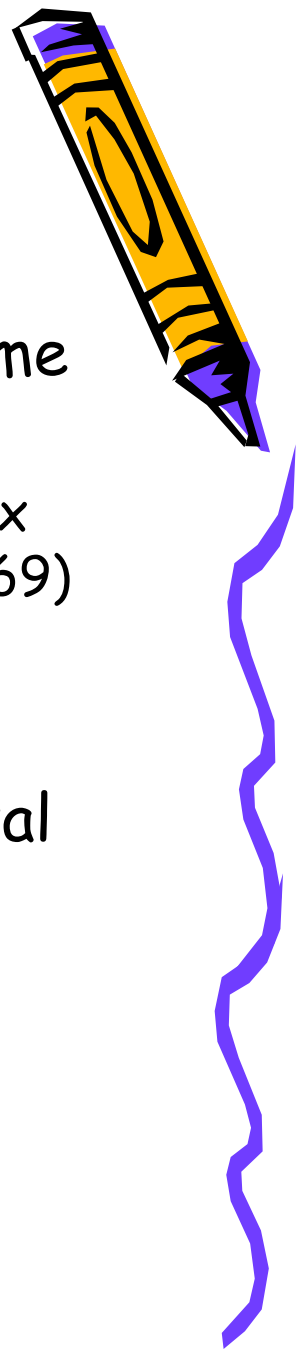




Dental Benefits for HMK Children



Basic Dental Plan



- Child must be enrolled in HMK/CHIP at the time dental services are provided.
 - Providers should always verify eligibility through Fax Back (1-800-714-0075) or call HMK (1-877-543-7669) prior to providing services.
- A child may receive up to \$1,412 in billed dental services per benefit year.
- The HMK dental benefit year begins each October 1 and runs through September 30.

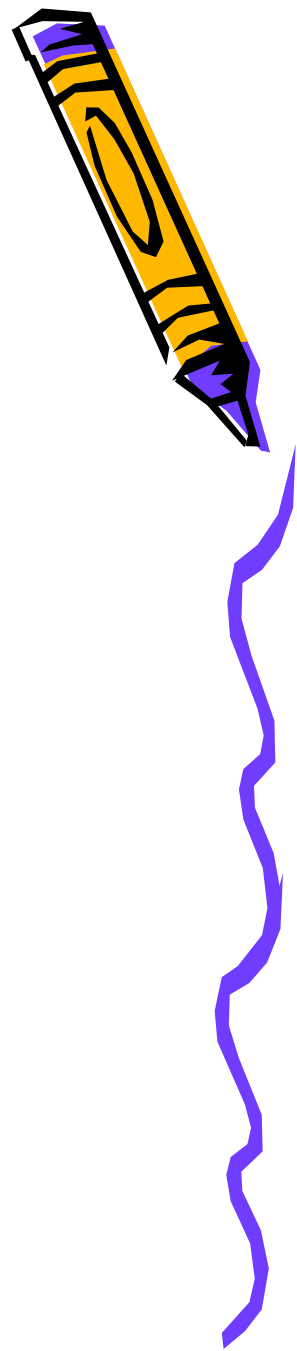




- Dental services are reimbursed at 85% of billed charges.
- HMK dentists take a discount of 15% for their HMK patients. *HMK families appreciate this discount! Thank you!*
- The maximum reimbursement for the dentist is \$1,200 per benefit year. ($\$1,412 \times 85\% = \$1,200$ reimbursed)



- Dentists may charge families for basic services exceeding \$1,412 per child per benefit year.
- Families make private pay arrangements with the provider when charges exceed the HMK dental limit.
- Dentists choose how many HMK children they wish to see.
- Standard ADA billing forms and billing codes are used to submit claims to ACS.

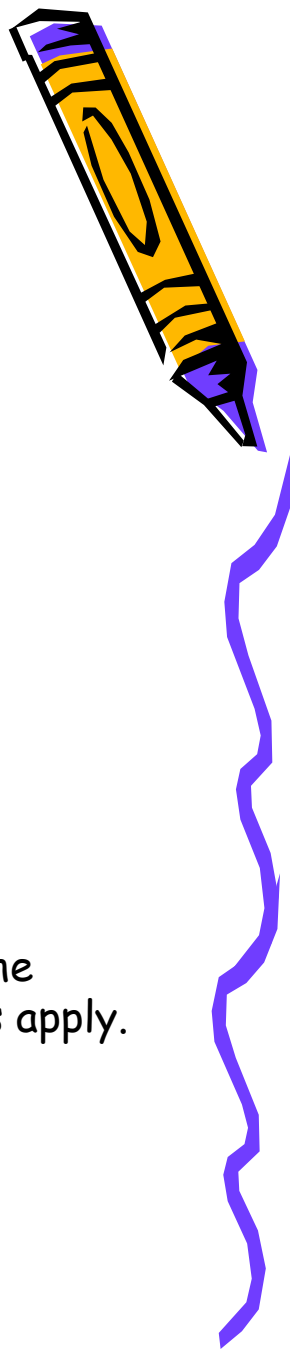


All dental services are covered

EXCEPT:

- Orthodontic Services
- Maxillofacial Prosthetics
- Treatment of Fractures**
- Other Repair Services**

** A fractured jaw or other accidental injury may be covered under the **medical** provision of HMK. Contact HMK when these circumstances apply. There is a different billing procedure.



HMK Extended Dental Plan

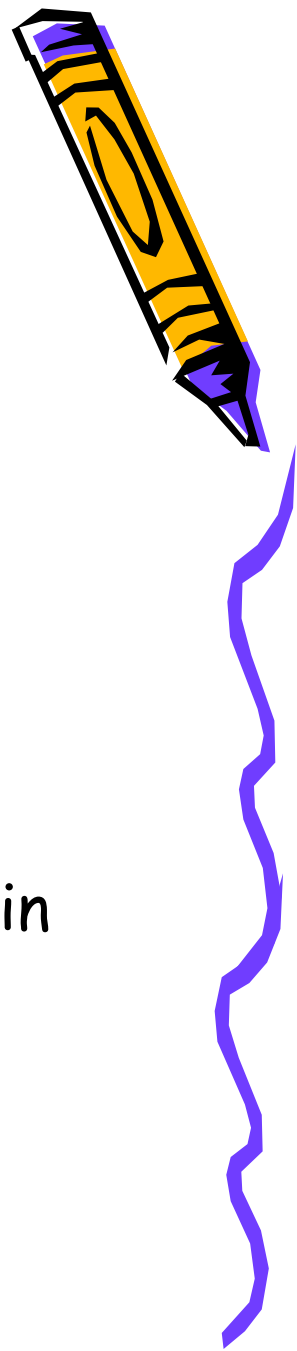


- The 2007 Montana Legislature passed HB 198 to allow additional services for children with significant dental needs. The EDP payments are in addition to the HMK basic dental plan.
- The Extended Dental Plan (EDP) does not automatically increase the dental limit for each child.
- Once the dentist applies for the EDP benefit and the request is approved, the additional dental services can be provided.



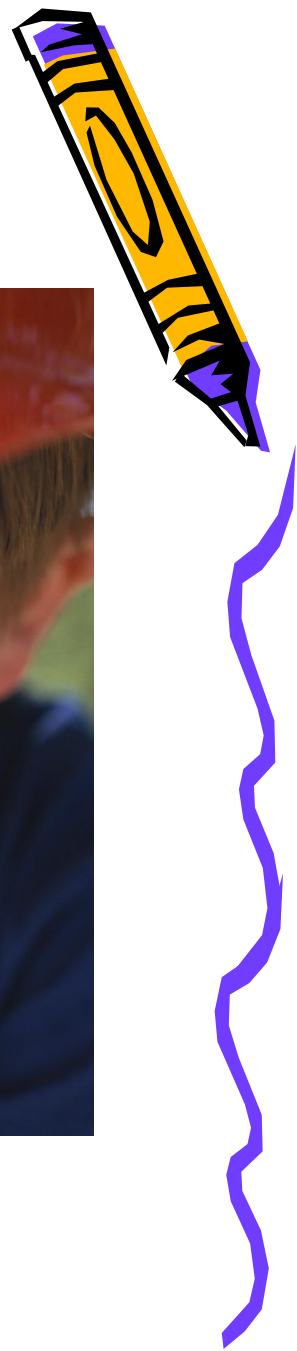
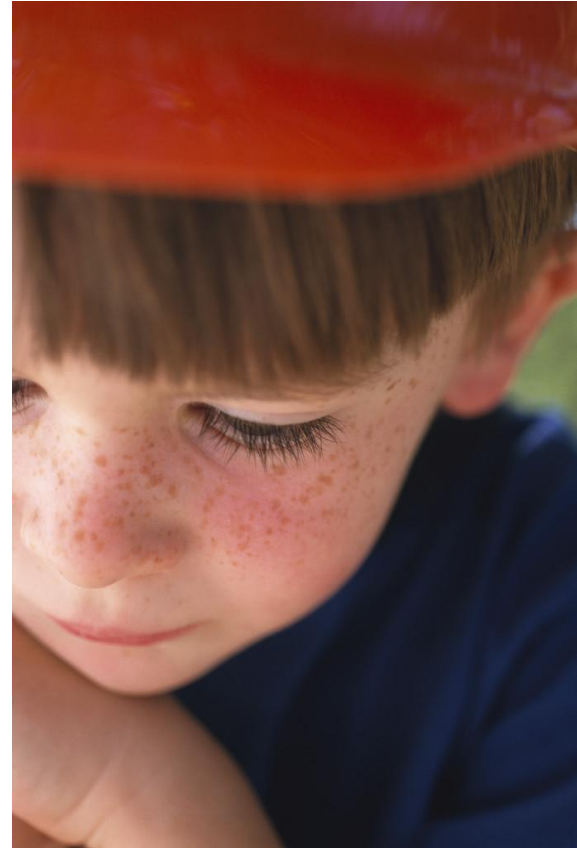
How to apply for EDP services

- Dentist sends the form, "Request for Extended Dental Benefits" to HMK.
- The request includes the dental treatment plan with dental codes for the child.
- HMK must approve the request before treatment begins.
- HMK notifies the dentist by return fax within 10 days of the request.
- Dentists and patients have 90 days to complete the EDP dental work.



CLAIMS PROCESSING

- All EDP claims and regular HMK dental claims are submitted and processed through Affiliated Computer Services (ACS), PO Box 8000, Helena, MT 59604.
- There is no need to include the approved EDP form when billing.

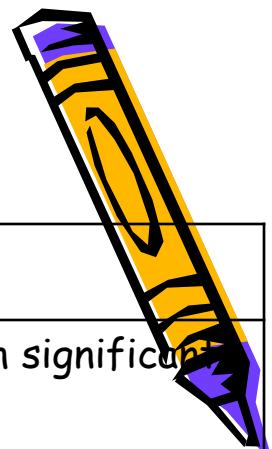




- A child approved for the EDP plan may receive up to \$1,176 in billed dental services per benefit year (Oct 1-Sept 30).
- The dentist is reimbursed for EDP services at 85% of billed charges, or a maximum of \$1,000.
- The payment to a dentist or dentists for a CHIP child in a benefit year is:
 - \$ 1,200 Basic Dental Plan
 - \$1,000 Extended Dental Plan
 - \$2,200 maximum reimbursement



HEALTHY MONTANA KIDS DENTAL BENEFITS HMK/CHIP



| BASIC DENTAL PLAN | EXTENDED DENTAL PLAN |
|--|---|
| Covers all children | Only covers approved children with significant dental needs |
| Covers up to \$1412. in billed charges | Covers up to \$1,176 in billed charges |
| Dental provider reimbursed up to \$1200. (85%) | Dental provider reimbursed up to \$1,000 maximum (85%) |
| Benefit year October 1 - September 30 | Benefit year October 1 - September 30 |
| Standard billing practice | Dental service and billings must be completed within 90 days from approval date. Funds are reallocated to other children when they can't be utilized within the 90 day timeframe. |
| Funding for all Healthy Montana Kids, HMK/CHIP, children | Limited Funding |
| Prior authorization NOT needed | Prior authorization required |



HMK/CHIP Dental Frequently Asked Questions



- Does HMK provide orthodontia (braces)? No, the only exceptions is a child with a cleft craniofacial condition.
- Explain dental anesthesia in a same day surgery/hospital facility. Dental anesthesia is only for children age 5 or under. If there is a special medical circumstance, prior approval is needed for a child over the age of 5.



FAQ continued

- How does a family find a HMK dental provider?

HMK updates dental providers each month. You can find our dental list, by city, on www.hmk.mt.gov.

- How are dental accidents handled?
Please contact HMK and ask for the dental manager. Most dental accidents are paid by BCBS through HMK medical coverage.



FAQ continued



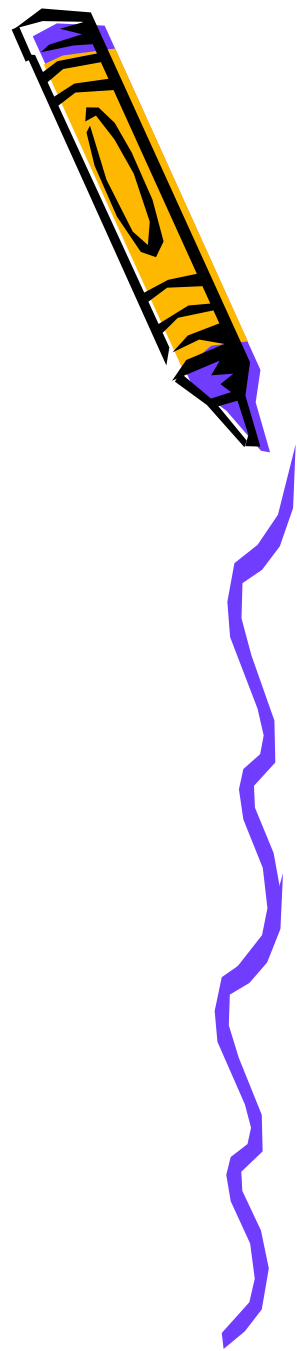
- What do I do if the child has other dental coverage in addition to HMK?
 - Bill the child's non-HMK insurance first.
 - When you get the EOB, fax the EOB and claim to the HMK office at 877-418-4533, or mail it to HMK, DPHHS, PO Box 202951, Helena, MT 59620.
 - Do not send the claim & EOB directly to ACS.



- How do I find out if a child has reached his/her dental limits?

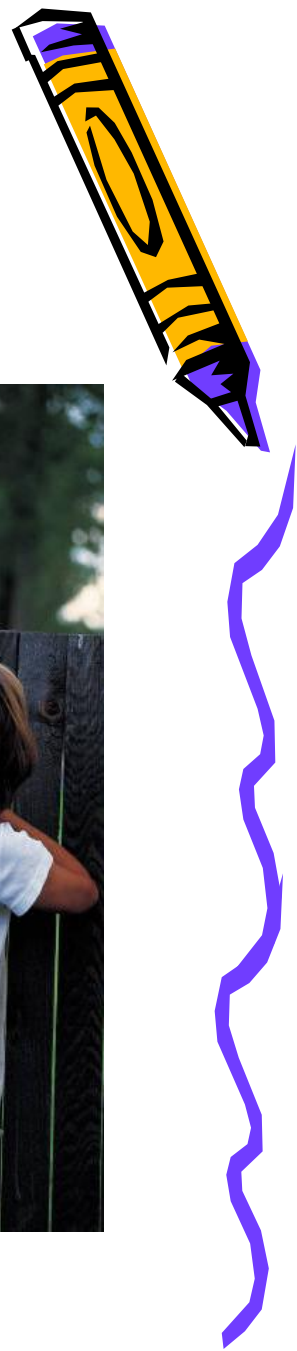
- Contact HMK/CHIP at 1-877-543-7669 ext 7045 or 7046 or 406-444-4533 ext 7045 or 7046.

- Remember that the Basic Dental benefit of \$1412. begins anew each October 1st.



Where do I get more information?

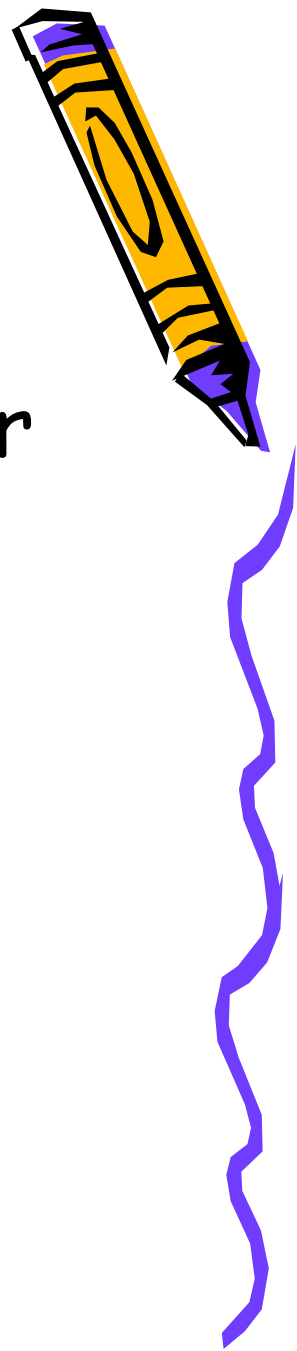
- Contact HMK @
1-877-KidsNow
(1-877-543-7669)
or call 444-6971 (in Helena)
- Our website: www.hmk.mt.gov
- The Extended Dental Benefits request form is on the website.



Contact HMK

HMK Dental & Eyeglasses Manager
Barbara Arnold
444-7046

HMK
DPHHS
P O Box 202951
Helena, MT 59620



Thank you for providing
quality dental care to
Montana's children

